CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 48 CANDIDATE / MS/MRS/MR **FIRST** ΜI **OFFICEHOLDER** Vanessa NAME NICKNAME LAŞT **SUFFIX** Steinkamp CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** 1313 Ashford Court MAILING Receipt # Amount ADDRESS Change of Address Colleyville, TX 76034 Date Processed Date Imaged CAMPAIGN MS/MRS/MR FIRST ΜI TREASURER NAME Frederick C. **NICKNAME** SUFFIX LAST Tate CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER ADDRESS: 1005 Glade Road, Suite 145, (Residence or Business) Colleyville, TX 76034 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (214) 405-7719 REPORT TYPE January 15 30th day before election \square Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Jimit Final Report (Attach C/QH-FR) 395 Wig PERIOD Month Day Year Day Month Year COVERED 02/08/2019 **THROUGH** 03/25/2019 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 05/04/2019 X General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) None Colleyville City Council, Place 2

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

SOFFORT	a lollite		·	2 of 48
13 C / OH NAME	Steinkamp, Vanessa	14	Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures of these expenditures may have been made without the colorisation only officeholders are required to report this information only	andidate's or officehold	er's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	• • •	·		
16 CONTRIBUTION TOTALS	TOTAL POLITIC LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ARANTEES OF LOANS), UNLESS ITEMIZED	N PLEDGES,	98.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	12,765.60
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS ITE	MIZED \$	0.00
•	4. TOTAL POLITIC	AL EXPENDITURES	\$	3,953.19
CONTRIBUTION BALANCE	REPORTING PE			10,574.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY \$	1.00
17 AFFADAVIT	Candace Louise Sandifer My Commission Expires 10/12/2022	I swear, or affirm, under penalty of true and correct and includes all infunder Title 15, Election Code.	perjury, that the accompormation required to be	panying report is reported by me
	ID No. 131758043	Signature of Car	ndidate or Officeholder	
AFFIX NC	TARY STAMP / SEAL AB	DVE .		
Sworn to and subs		aid Vaness a Stein Kamp ertify which, witness my hand and seal of office.	, this the	day
Signature of off	cel administering	Candare Sanaifer Printed name of officer administering	Notzery Pi Title of officer add	ninistering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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	LER NA teinkam	AME np, Vanessa	19 Filer ID		· · ·
		LE SUBTOTALS - SCHEDULE		SUBT	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	. 10	\$	11,123.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,642.60
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$,
4.	Х	SCHEDULE E: LOANS		\$	1.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	550.13
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
- 8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,201.92
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	201.14
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	F C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	vs	\$	· .
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETO FILER	ETURNED	\$	0.14

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
=	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/17 Rpt: 4/48	
2	FILER NAME			3	Filer ID	
	Steinkamp, \	/anessa				
4	Date 03/20/2019	 5 Full name of contributor out-of-state PAC (ID# Barnes, Jennifer 6 Contributor address; City; State; Zip Code 5109 Preservation Avenue 		7	Amount of Contribution (\$)	\$50.00
		Colleyville, TX 76034				
В	Principal occu Homemaker	pation / Job title (See Instructions)	9 Employer (See Instructions Homemaker)		
	Date 02/22/2019	Full name of contributor cut-of-state PAC (ID# Barron, Brian Contributor address; City; State; Zip Code 3908 Stonehaven Drive Colleyville, TX 76034			Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	;)		
_	Sales		Bioreference			
	03/20/2019	Barron, Michelle Contributor address; City; State; Zip Code 3908 Stonehaven Drive Colleyville, TX 76034				\$100.00
	Dringing aggs	pation / Job title (See Instructions)	Employer (See Instructions	ا_ دا	<u></u>	
	Medical Sen		Nevro	-,		
	Date 03/20/2019	Full name of contributor out-of-state PAC (ID# Bauer, Mandie Contributor address; City; State; Zip Code 7113 Waldon Court			Amount of Contribution (\$)	\$50.00
		Colleyville, TX 76034				
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions GCISD	5)	**************************************	
-	Date	Full name of contributor Out-of-state PAC (ID#)	Τ	Amount of Contribution (\$)	
	03/20/2019	Bauer, Tari Contributor address; City; State; Zip Code 609 Colts Neck Court			ζ,	\$400.0
		Colleyville, TX 76034				
	•	pation / Job title (See Instructions)	Employer (See Instructions First United Methodist C		ırch	•
_	Office Mana	yer	First Orlited Methodist C	ااار		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/17 Rpt: 5/48 2 FILER NAME Filer ID Steinkamp, Vanessa 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/10/2019 Birdwell, Courtney \$100.00 6 Contributor address; City; State; Zip Code 305 Oak Crest Hill Drive Colleyville, TX 76034 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Director Exansoft Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/03/2019 Brandt, Laura \$100.00 Contributor address; City; State; Zip Code 164 Leonard Wood South Unit 211 Highland Park IL 60035 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 03/04/2019 Brandt, Laura \$100.00 Contributor address; City; State; Zip Code 164 Leonard Wood South Unit 211 Highland Park, IL 60035 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/11/2019 Browing, Chase \$100.00 Contributor address; City; State; Zip Code 1004 W Irvine Road Phoenix, AZ 85086 Principal occupation / Job title (See Instructions) Employer (See Instructions) Banker **BBVA Compass Bank** Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 03/02/2019 Buchwald, Trip \$250.00 Contributor address; City; State; Zip Code 1309 Ashford Court Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance State Farm

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/17 Rpt: 6/48 Filer ID 2 FILER NAME Steinkamp, Vanessa 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$100.00 02/10/2019 Bundy, Kathleen 6 Contributor address; City; State; Zip Code 4604 Mill Wood Drive Colleyville, TX 76034 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Legacy Texas Bank Commercial Banker Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 03/19/2019 Cook, Nancy Contributor address; City; State; Zip Code 6621 Whittier Lane Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: Date \$50.00 02/11/2019 Corbett, Rachel Contributor address; City; State; Zip Code 200 White Drive Colleyville, TX 76034 Employer (See Instructions) Principal occupation / Job title (See Instructions) Texas Health Registered Nurse Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$100.00 02/15/2019 Costa Beatty, Catherine Contributor address; City; State; Zip Code 1803 Denison Road Naperville, IL 60565 Principal occupation / Job title (See Instructions) Employer (See Instructions) Invesco Analyst Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$1,000.00 02/11/2019 Davis, Leslie Contributor address; City; State; Zip Code 101 Mill Valley Drive West Colleyville, TX 76034 Employer (See Instructions) Principal occupation / Job title (See Instructions) DOT Manager

MONE	TART POLITICAL CONTRIBUTI	UNS .		SCHEDUL	E A1
The Instru	iction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/17 Rpt: 7/48	
2 FILER NAME Steinkamp,			3	Filer ID	
4 Date 02/12/2019	5 Full name of contributor out-of-state PAC (ID# Denson, Emily 6 Contributor address; City; State; Zip Code 5309 Rustic Trail Colleyville, TX 76034		7	Amount of Contribution (\$)	\$100.00
8 Principal occu	upation / Job title (See Instructions)	In Friedrick (Condition	Ţ		
Entrepreneu		9 Employer (See Instructions Entrepreneur	5)		
Date 03/23/2019	Full name of contributor out-of-state PAC (ID#: DiGaetano, Jennifer Contributor address; City; State; Zip Code 101 Mill Crossing East			Amount of Contribution (\$)	\$50.00
	Colleyville, TX 76034				
Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Homemaker	i)		
Date 02/11/2019	Full name of contributor out-of-state PAC (ID#: Diaz, Dawn Contributor address; City, State; Zip Code 2804 Walnut Lane Hurst, TX 76054)		Amount of Contribution (\$)	\$100.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u>	
Vice Presider	· ·	Kastner Land Services	,		
Date 02/12/2019	Full name of contributor out-of-state PAC (ID#:_ Do, Mia Contributor address; City; State; Zip Code 1022 Lakeridge Court Colleyville, TX 76034			Amount of Contribution (\$)	\$200.00
•	oation / Job title (See Instructions) Consultant Lawyer	Employer (See Instructions) Self Employed)		
Date 03/20/2019	Full name of contributor out-of-state PAC (ID#:_ Do, Thoai			Amount of Contribution (\$)	\$50.00
	Contributor address; City; State; Zip Code 3404 Middleton Way Colleyville, TX 76034				
Principal occupa Analyst	ation / Job title (See Instructions)	Employer (See Instructions) Citi			-

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/17 Rpt: 8/48 3 Filer ID 2 FILER NAME Steinkamp, Vanessa Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ \$50.00 02/22/2019 Duanhoe, Danielle 6 Contributor address; City; State; Zip Code 1620 Dorset Drive Colleyville, TX 76034 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Flight Attendant American Amount of Contribution (\$) Full name of contributor Date ut-of-state PAC (ID#: \$100.00 02/10/2019 Elliott, Caroline Contributor address; City; State; Zip Code 5108 Apple Valley Drive Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$20.00 03/20/2019 Elliott, Caroline Contributor address; City; State; Zip Code 5108 Apple Valley Drive Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$10.00 02/24/2019 Elliott, Cole Contributor address; City; State; Zip Code 5108 Apple Valley Colleyville, TX 76034 Employer (See Instructions) Principal occupation / Job title (See Instructions) Whitney Penn **CPA** Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$50.00 03/02/2019 Fersing, Jan Contributor address; City; State, Zip Code 3800 Trailwood Lane Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONE	TARY POLITICAL CONTRIBUTIO	ONS	SCHEDUL	_E A1
The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/17 Rpt: 9/48	
 FILER NAME Steinkamp, 			3 Filer ID	
4 Date 02/10/2019	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$50.00
-	6 Contributor address; City; State; Zip Code 2600 Jenny Lane			
	Euless, TX 76039			
8 Principal occu Administrato		Employer (See Instructions BrightView Landscape S	•	
Date 02/14/2019			Amount of Contribution (\$)	\$100.00
	Contributor address; City; State; Zip Code 5700 Miramar Lane			
Principal accu	Colleyville, TX 76034 upation / Job title (See Instructions)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		,
Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)	
Date 03/24/2019	Full name of contributor out-of-state PAC (ID#: Gibson, Kelley		Amount of Contribution (\$)	\$50.00
	Contributor address; City; State; Zip Code 6115 Theresa Lane			
= :	Colleyville, TX 76034	· _		
Principal occu Technology I	pation / Job title (See Instructions) Manager	Employer (See Instructions) Adobe	<u> </u>	
Date 03/20/2019	Full name of contributor out-of-state PAC (ID#: Goldsberry, Jenyphr Contributor address; City; State; Zip Code 204 Mill Wood Drive		Amount of Contribution (\$)	\$100.00
	Colleyville, TX 76034			
Principal occup Nurse	pation / Job title (See Instructions)	Employer (See Instructions) Self-Employed		
Date 02/12/2019	Full name of contributor		Amount of Contribution (\$)	\$100.00
	Contributor address; City; State; Zip Code 4613 Manning Drive			
Principal occup	Colleyville, TX 76034 Dation / Job title (See Instructions)	Employer (See Instructions)		
Self-Employe	· · · · · · · · · · · · · · · · · · ·	Scout and Celler		
	ny Toyog Ethiog Commission			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/17 Rpt: 10/48 3 Filer ID FILER NAME Steinkamp, Vanessa 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ \$50.00 03/20/2019 Hammons, Liz 6 Contributor address; City; State; Zip Code 4613 Manning Drive Colleyville, TX 76034 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Scout and Celler Self-Employed Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 03/20/2019 Harrison, Mark Contributor address; City; State; Zip Code 1421 Douglas Avenue Colleyville, TX 76034 Employer (See Instructions) Principal occupation / Job title (See Instructions) Elbit Systems of America Program Manager Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$50.00 03/03/2019 Harrison, Martha Contributor address; City; State; Zip Code 5604 Baybreeze Drive Flower Mound, TX 75028 Employer (See Instructions) Principal occupation / Job title (See Instructions) Regent Insurance Group Insurance Amount of Contribution (\$) ut-of-state PAC (ID#: Date Full name of contributor \$200.00 02/09/2019 Hart, Tom Contributor address; City; State; Zip Code 1717 Avondale Drive Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed Deep Thinker Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$250.00 02/11/2019 Hashem D.D.S, MS, Robbie Contributor address; City; State; Zip Code 2501 Kensington Place Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed Orthodontist

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/17 Rpt: 11/48 2 FILER NAME 3 Filer ID Steinkamp, Vanessa 4 Date 5 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 03/20/2019 Heitman, Megan \$40.00 6 Contributor address; City; State; Zip Code 400 Oak Crest Hill Drive Colleyville, TX 76034 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Respiratory Therapist **Emerus** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/11/2019 Hewitt, Lori \$100.00 Contributor address; City; State; Zip Code 1308 Ashford Court Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Offering Manager **IBM** Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 03/20/2019 Hickson, Andrea \$40.00 Contributor address; City; State; Zip Code 4500 Alexandra Drive Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/20/2019 Hughes, Hedi \$40.00 Contributor address; City; State; Zip Code 7305 Vanguard Court Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Embryologist Plano Hospital Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/11/2019 Hunt, Chris \$500.00 Contributor address; City; State; Zip Code 4000 Stonehaven Drive Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Baker Botts

MONET	ARY POLITICAL CONTRIBUTIO	INS	SCHEDULE	A1
The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/17 Rpt: 12/48	
FILER NAME Steinkamp, '			3 Filer ID	
Date 03/20/2019	5 Full name of contributor out-of-state PAC (ID#:_Hunt, Lauren 6 Contributor address; City; State; Zip Code 4000 Stonehaven Drive Colleyville, TX 76034		7 Amount of Contribution (\$)	\$25.00
Principal occu Homemaker	' '	9 Employer (See Instructions Homemaker)	
Date 03/17/2019	Full name of contributor out-of-state PAC (ID#:_ Jackson, Jessica Contributor address; City; State; Zip Code 3102 Scarborough Lane West Colleyville, TX 76034)	Amount of Contribution (\$)	\$50.00
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Arthur J Gallagher	5)	
Date 03/25/2019	Full name of contributor out-of-state PAC (ID#:_ Johnson, Laura Contributor address; City; State; Zip Code 4609 Green Oaks Drive Colleyville, TX 76034)	Amount of Contribution (\$)	\$50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	<u> </u>	
Date 03/20/2019	Full name of contributor out-of-state PAC (ID#:_King, Jade Contributor address; City; State; Zip Code 5517 Valley View Drive West Colleyville, TX 76034		Amount of Contribution (\$)	\$250.00
Principal occu Director of C	upation / Job title (See Instructions) Operations	Employer (See Instructions J&J Plumbing Services	5)	
Date 03/04/2019	Full name of contributor out-of-state PAC (ID#:_King, Marvin Contributor address; City; State; Zip Code PO Box 2356 Oxford, MS 38655		Amount of Contribution (\$)	\$50.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions University of Mississippi		
- 70100001			·	<u> </u>

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/17 Rpt: 13/48 2 FILER NAME 3 Filer ID Steinkamp, Vanessa 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/24/2019 Knaus, Kelley \$25.00 6 Contributor address; City; State; Zip Code 313 Liyod Circle Colleyville, TX 76034 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/09/2019 Lee, Roger \$500.00 Contributor address; City; State; Zip Code 4816 Carmel Place Collevville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO DR2Marketing Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 02/12/2019 Leopold, Sarah \$200.00 Contributor address; City; State; Zip Code-1209 Somerset Boulevard Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker Date Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 02/24/2019 Mastagni, Danee \$500.00 Contributor address; City; State; Zip Code 4108 Pembrooke Parkway West Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant Self-Employed Date Full name of contributor out-of-state PAC (iD#: Amount of Contribution (\$) 03/20/2019 Mavis, Beverly \$80.00 Contributor address; City; State; Zip Code 4301 Greenmeadow East Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker Forms provided by Texas Ethics Commission

	•	NS	SCHEDUL	E A1
The Instruct	ion Guide explains how to complete this fo	orm.	Total pages Schedule A1: Sch: 11/17 Rpt: 14/48	
FILER NAME		3	Filer ID	
Steinkamp, Va Date 5 02/10/2019 5	Full name of contributor out-of-state PAC (ID#: Meadows, Elizabeth	7	Amount of Contribution (\$)	\$100,00
6	Contributor address; City; State; Zip Code 3900 Spring Hollow Street			
Principal occupa	Colleyville, TX 76034 ation / Job title (See Instructions)	9 Employer (See Instructions) Self-Employed		
Date 02/27/2019	Full name of contributor out-of-state PAC (ID#:_ Meek, Karl Contributor address; City; State; Zip Code 6204 Rock Dove Circle Colleyville, TX 76034		Amount of Contribution (\$)	\$250.00
Principal occupa Retired	ation / Job title (See Instructions)	Employer (See Instructions) Retired		
Date 03/20/2019	Full name of contributor out-of-state PAC (ID#: Meek, Karl Contributor address; City; State; Zip Code 6204 Rock Dove Circle		Amount of Contribution (\$)	\$20.00
Principal occupa	Colleyville, TX 76034 ation / Job title (See Instructions)	Employer (See Instructions) Retired		
Date 02/11/2019	Full name of contributor out-of-state PAC (ID#: Michon, Monica Contributor address; City; State; Zip Code 3229 High Meadow Drive		Amount of Contribution (\$)	\$100.00
<u> </u>	Grapevine, TX 76051			
Principal occupa Sales	ation / Job title (See Instructions)	Employer (See Instructions) Cardlytics		
Date Full name of contributor out-of-state PAC (ID#:) 03/08/2019 Miller, Louis Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	6404 Talbot Trail Colleyville, TX 76034			
	ation / Job title (See Instructions)	Employer (See Instructions)	·	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/17 Rpt: 15/48 FILER NAME 3 Filer ID Steinkamp, Vanessa 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/11/2019 Mishra, Iva \$200.00 6 Contributor address; City; State; Zip Code 217 Mill Crossing West Colleyville, TX 76034 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Coaching & Consulting** EQ Consulting LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/20/2019 Mishra, Iva \$20.00 Contributor address; City; State; Zip Code 217 Mill Crossing West Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Coaching & Consulting EQ Consulting LLC** Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 03/20/2019 Mogged Jr, Charles \$30.00 Contributor address; City; State; Zip Code 1217 Tuscany Drive Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/11/2019 Nelson, Jill \$200.00 Contributor address; City; State; Zip Code 608 Leta Lane Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Project Manager Alight Solutions Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/20/2019 Nelson, John \$200.00 Contributor address; City; State; Zip Code 4602 Mill Wood Drive Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Realtor Randy White RealEstate Service Forms provided by Texas Ethics Commission

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/17 Rpt: 16/48 3 Filer ID FILER NAME Steinkamp, Vanessa 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$100.00 03/20/2019 Nelson, Robert 6 Contributor address; City; State; Zip Code 608 Leta Lane Colleyville, TX 76034 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Bell.Helicopter Manager Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 03/20/2019 Pechesky, Danielle Contributor address; City; State; Zip Code 4510 Shadywood Lane Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker Amount of Contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date \$40.00 03/20/2019 Purandare, Ajit Contributor address; City; State; Zip Code 1109 Riverwalk Court Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Finastra Analyst Consultant Amount of Contribution (\$) out-of-state PAC (ID#; Full name of contributor Date \$100.00 02/10/2019 Robbins, Debbie Contributor address; City; State; Zip Code 7327 Cedar Court Colleyville, TX 76034 Employer (See Instructions) Principal occupation / Job title (See Instructions) Homemaker Homemaker Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$50.00 03/22/2019 Roppolo, Sunni Contributor address; City; State; Zip Code 4001 Windermere Drive Colleyville, TX 76034 Employer (See Instructions) Principal occupation / Job title (See Instructions) Colleyville Dental Care Registered Dental Hygienist

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/17 Rpt: 17/48 FILER NAME 3 Filer ID Steinkamp, Vanessa 4 Date 5 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/20/2019 Rutledge, Courtney \$15.00 Contributor address; City; State; Zip Code 609 Birdlewood South Colleyville, TX 76034 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/10/2019 Sackson, Jennifer \$100.00 Contributor address; City; State; Zip Code 1511 Caldwell Creek Drive Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales & Marketing **BNSF Railway** Date Full name of contributor ut-of-state PAC (ID#:_ Amount of Contribution (\$) 02/09/2019 Sexton, Lee Anne \$300.00 Contributor address; City; State; Zip Code 3612 Greenbriar Court Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Managing Director Donnelley Financial Date Full name of contributor ut-of-state PAC (iD#: Amount of Contribution (\$) 02/12/2019 Silverman, Stacey \$50.00 Contributor address; City; State; Zip Code 3309 Burning Drive Grapevine, TX 76051 Principal occupation / Job title (See Instructions) Employer (See Instructions) Vice President Citi Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 03/23/2019 Skinner, Valerie \$250.00 Contributor address; City; State; Zip Code 4100 Oxford Court Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Philanthropist Holloway Family Foundation

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
-	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/17 Rpt: 18/48	 _
2	FILER NAME			3	Filer ID	
	Steinkamp, \	√anessa		١.		
4	Date 02/25/2019	 Full name of contributor	······································	7	Amount of Contribution (\$)	\$250.00
		Colleyville, TX 76034				
8	Principal occu Project Mana	pation / Job title (See Instructions) ager	Employer (See Instructions PECI	s)		
	Date 02/09/2019	Full name of contributor out-of-state PAC (ID# Spivey, Christy Contributor address; City; State; Zip Code 3907 Martin Parkway Colleyville, TX 76034	:		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions)	Employer (See Instructions		•	
	Professor		University of Texas-Aus	stin		
	Date 03/20/2019	Full name of contributor out-of-state PAC (ID# Stach, Marc Contributor address; City; State; Zip Code 3910 Stonehaven Drive Colleyville, TX 76034		-	Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		Vaugha & Ramsey			
	Date 02/26/2019	Full name of contributor out-of-state PAC (ID# Steinkamp, Jay Contributor address; City; State; Zip Code 1313 Ashford Court Colleyville, TX 76034			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)	<u> </u>	
	Wholesaler	pation 7 305 title (See Institutions)	Financial Firm	-, 		
	Date 02/11/2019	Full name of contributor out-of-state PAC (ID# Sturgeon, Lisa Contributor address; City; State; Zip Code 1308 Ashford Court Colleyville, TX 76034			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
	Marketing D	Irector	Allstate			
						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/17 Rpt: 19/48 FILER NAME 3 Filer ID Steinkamp, Vanessa Date 5 Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) 03/02/2019 Swaim Sr, Floyd \$50.00 6 Contributor address; City; State; Zip Code PO Box 8 Colleyville, TX 76034 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/16/2019 Valihonrat, Paul \$50.00 Contributor address; City; State; Zip Code 6510 Connie Lane Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Landman Harold Winks Vallhonrat LLC Date Full name of contributor ut-of-state PAC (ID#: Amount of Contribution (\$) 03/20/2019 Weimholt, Shannon \$50.00 Contributor address; City; State; Zip Code 5600 Valley View Drive North Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Weimy Cutlery Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/21/2019 Wendt, Tracey \$50.00 Contributor address; City; State; Zip Code 4900 Wildwood Court Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner **GTFAS** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 03/20/2019 Westfall, Natalie \$20.00 Contributor address; City; State; Zip Code 1617 Dorset Drive Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Homemaker Homemaker

	The Instru	ction Guide explains how to complete this form.	1		Schedule A1: 7 Rpt: 20/48	
	FILER NAME Steinkamp,		3	Filer ID		
	Date 03/04/2019	5 Full name of contributor out-of-state PAC (ID#:) Wright, Courtney 6 Contributor address; City; State; Zip Code 212 N, Grant Street Hinsdale, IL 60521	7	Amount of	Contribution (\$)	\$150.00
:	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	s)	**·· <u>a</u>		
	Finance	HSBC				
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NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 21/48 2 FILER NAME Filer ID Steinkamp, Vanessa TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ Full name of contributor out-of-state PAC (ID#: Amount of 9 In-kind contribution contribution (\$) 03/25/2019 description Cleveland, Lauren \$750.00 | Development of Contributor address; City; State; Zip Code Campaign Logo 4012 Ambleside Ct. Colleyville, TX 76034 Check if travel outside of Texas. Corriplete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Marketing Guru Envision Works, Inc. 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of 03/07/2019 contribution (\$) description Do, Kathy \$400.00 | Professional/Corporate Contributor address; City; State; Zip Code Photos 6400 Los Colinas Boulevard Irving, TX 75039 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Senior Analysts Citi Group Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: 03/21/2019 contribution (\$) description Sexton, Lee Anne \$478.44 | Food & Beverage for Kick-Contributor address; City; State; Zip Code off Event 3438 Blueberry Lane Grapevine, TX 76051 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) Managing Director Donnelley Financial Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 22/48 3 Filer ID 2 FILER NAME Steinkamp, Vanessa \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS In-kind contribution 6 Full name of contributor Amount of 5 Date ut-of-state PAC (ID#: contribution (\$) description 03/10/2019 Tate, Fred \$14.16 Bookkeeping Services 7 Contributor address; City; State; Zip Code and Software Subscription 5605 Winnie Drive Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CFO Shield, LLC Managing Director 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

LOANS				SCHEDULE E
The Instructi	on Guide explains how to complete this	form.		ages Schedule E: 1 Rpt: 23/48
2 FILER NAME Steinkamp, Var	nessa		3 Filer ID	· · · · · · · · · · · · · · · · · · ·
TOTAL OF U	NITEMIZED LOANS		<u> </u>	\$
5 Date of loan 02/08/2019	7 Name of lender out-of-state F Steinkamp, Vanessa	AC (ID#:)	9 Loan Amount (\$) \$1.00
6 Is lender a financial institution?	8 Lender address; City; State; 1313 Ashford Court	Zip Code		10 Interest Rate
No	Colleyville, TX 76034	·		11 Maturity Date
Educator	on / Job title (See Instructions)	13 Employer (See Instruct Tarrant County Colle	•	<u> </u>
14 Description of Col X None	llateral	15 Check if personal funds X	s were deposited	into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
20 Principal occupation	on	21 Employer (See Instructi	ons)	
· .				
		·		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense
Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politics Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 1/17 Rpt: 24/48	Steinkamp, Vanessa
4 Date	5 Payee name
03/25/2019	Robbins, Connor
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200,00	7327 Cedar Court
	Colleyville, TX 76034
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule 1.
	Picking up & transporting politial signs
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5 O	Caprildate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Cultilitation of modification from the control of t
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Date	Payee name
02/09/2019	eFundraising Connections
Amount (\$)	Payee address; City; State; Zip Code
\$9.50	2831 G Street Suite 120
	Coordinate CA 05916
	Sacramento, CA 95816
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	efundraising Transaction Fees
	Citationing Presidential Control
	Caprilidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Carlandator Cinicol Control Co
expenditure to belieff of	
Date	Payee name
02/09/2019	eFundraising Connections
Amount (\$)	Payee address; City; State; Zip Code
\$23.00	2831 G Street Suite 120
Ψ23.00	
	O
	Sacramento, CA 95816
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LADATORE	Check if Austin, TX, officeholder living expense
·	efundraising Transaction Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H

SCHEDULE F1

Solicitation/Fundraising Expense

Advertising-Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Expens Printing Expens Salaries/Wages	nse es/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
	-	The Instruction Guide explain	ns how to compl	lete this form.	
1 Total pages Schedule F1:				3	Filer ID
Sch: 2/17 Rpt: 25/48	Steinkamp	o, Vanessa		ĺ	
4 Date	5 Payee name	e ·		•	
02/09/2019	eFundrais ⁱ	ing Connections			
6 Amount (\$)	7 Payee addre		ate; Zip Code		
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	<u> </u>	to, CA 95816			
8 PURPOSE OF		See Categories listed at the top of this s	schedule) (b)	Description	
EXPENDITURE	Fees	•	ì	=	side of Texas. Complete Schedule T.
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1	1		•	efundraising Tra	ansaction Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Off	ficeholder name	Office sought		Office held
Date	Payee name	3			
02/09/2019	1	ng Connections			
Amount (\$)	Payee addre	-	ite; Zip Code		
\$14.00	}	ess;	ie; Zip Coue		
Ψ17.00	2001 G Out	96! Shife 150			
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EXPENDITURE	1] '	_	k, officeholder living expense
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Complete ONLY if direct	Candidate/Off	iceholder name	Office sought		Office held
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Date	Payee name				
02/10/2019	eFundraisin	ng Connections			·
Amount (\$)	Payee addres	ss; City; State	te; Zip Code		
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		o, CA 95816			
PURPOSE ((a) Category (Sr	ee Categories listed at the top of this sc	chedule) (b)	Description	
OF EXPENDITURE	Fees	•		—	ide of Texas. Complete Schedule T.
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] f	efundraising Trai	nsaction Fees
			.]		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	ceholder name	Office sought		Office held
	 			<u>.:</u>	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 3/17 Rpt: 26/48	Steinkamp, Vanessa
4 Date	5 Payee name
02/10/2019	eFundraising Connections
6 Amount (\$) \$5,00	7 Payee address; City; State; Zip Code 2831 G Street Suite 120 Sacramento, CA 95816
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/10/2019	eFundraising Connections
Amount (\$) \$5.00	Payee address; City; State; Zip Code 2831 G Street Suite 120 Sacramento, CA 95816
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/10/2019	eFundraising Connections
Amount (\$) \$2.75	Payee address; City; State; Zip Code 2831 G Street Suite 120 Sacramento, CA 95816
PURPOSE	Las
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Consulting Contribution Candid	ng/Banking g Expense ions/ Donations Made E date/Officeholder/Politic rd Payment	By - cal Committee	Fees Food/Beverage Expense Gilt/Awards/Memorials Expe	Office Ov Polling E ense Printing E Salaries/	Expense /Wages/Contract Labor	Transportation Equipment & Related Ex Travel in District Travel Out of District OTHER (enter a category not listed abo	•
4 Total nac	Cabadula E1:	T- FUED NAM	The Instruction Guide	explains now to co	omplete this form.	T :- :- :-	
	ges Schedule F1: 17 Rpt: 27/48	: 2 FILER NAME			. 1	3 Filer ID	
	11 Khr. 71140	Steinkamp,					
4 Date	242	5 Payee name					
02/10/20		 	ng Connections		-		
6 Amount (\$5.00	7 Payee addre 2831 G Stre	ess; City; eet Suite 120	State; Zip Co	ode		
		Sacramento	o, CA 95816				
8 PURF O EXPEND	F	(a) Category (see	ee Categories listed at the top	of this schedule)	Check if Austin,	outside of Texas. Complete Schedule T. , TX, officeholder living expense Transaction Fees	
	ONLY if direct are to benefit C/O		ceholder name	Office sou	ıght	Office held	
Date		Payee name		****			-
02/10/20	19	eFundraisin	g Connections			•	
Amount (\$	6)	Payee addres	ss; City;	State; Zip Co	ode	·····	
	\$5.00	Sacramento	eet Suite 120 o, CA 95816				
PURP OF EXPEND	F	(a) Category _{(Se} Fees	ee Categories listed at the top	of this schedule)	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Fransaction Fees	
	ONLY if direct re to benefit C/OF	Candidate/Offic H	eholder name	Office sou	ght	Office held	
Date 02/10/201			g Connections				
Amount (\$)	\$5.00	Payee address 2831 G Stree Sacramento,	et Suite 120	State; Zip Cod	de		
PURPO	1	(a) Category (Ser	e Categories listed at the top o	of this schedule)	(b) Description	· · · · · · · · · · · · · · · · · · ·	
OF EXPENDI		Fees			Check if travel ou Check if Austin, T	utside of Texas. Complete Schedule T. TX, officeholder living expense ransaction Fees	
	ONLY if direct e to benefit C/OH	Candidate/Office	eholder name	Office soug	jht	Office held	
		,				<u> </u>	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 5/17 Rpt: 28/48	Steinkamp, Vanessa
4	Date	5 Payee name
	02/11/2019	eFundraising Connections
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	2831 G Street Suite 120
		Sacramento, CA 95816
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		efundraising Transaction Fees
		Gundraising Transaston 1995
_		Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Carraidatio, Carrot Tallic
	exponditure to perioni or or	
	Date	Payee name
	02/11/2019	eFundraising Connections
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2831 G Street Suite 120
		Sacramento, CA 95816
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
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		efundraising Transaction Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/11/2019	eFundraising Connections
_	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2831 G Street Suite 120
		Sacramento, CA 95816
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
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		efundraising Transaction Fees
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	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	i
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

	Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Trave tical Committee Legal Services Salaries/Wages/Contract Labor OTHE	an District ER (enter a category not listed above)
Ļ	. Total pages Schedule F1;	The Instruction Guide explains how to complete this form.	
_			ID
Ļ	Sch: 6/17 Rpt: 29/48		
4	Date	5 Payee name	
L	02/11/2019	eFundraising Connections	•
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.75	2831 G Street Suite 120	•
L		Sacramento, CA 95816	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Fees Check if travel outside of Te	
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İ		efundraising Transact	lion Hees
-	Complete ONLY if direct	0.000	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought C	Office held
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	02/11/2019	eFundraising Connections	
-	Amount (\$)	Payee address; City; State; Zip Code	
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	' '	2001 O Olifot Odilo 120	
		Sacramento, CA 95816	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	· · · · · · · · · · · · · · · · · · ·
	OF EXPENDITURE	Fees Check if travel outside of Tex	
	E/4 E/1917.5.1	Check if Austin, TX, officeho	
		efundraising Transacti	ion Fees
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-	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.50	2831 G Street Suite 120	
		2001 G Succe Suite 120	
		Sacramento, CA 95816	
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
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		efundraising Transaction	on Fees
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials E Legal Services	xpense	Printing EX Salaries/W		e Travel Out of District //Contract Labor OTHER (enter a category not listed above)	
			The Instruction Gul	de explains l	how to co	mple	ete this form.	
1	1 Total pages Schedule F1: 2 FILER NAM			=				3 Filer ID
	Sch: 7/17 Rpt: 30/48		Steinkamp,	Vanessa				
4	Date	5	Payee name	. —			-	
	02/11/2019		eFundraisir	ng Connections				
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de	
	\$9.50		2831 G Str	eet Suite 120				
			Sacrament	o, CA 95816				<u> </u>
8	PURPOSE OF	(a)	Category (S	ee Categories listed at the	top of this sch	edule)	(b)	Description
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9	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght	Office held
	expenditure to benefit C/Oł	Н						
	Date		Payee name					
	02/11/2019		eFundraisir	ng Connections				
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	de	
	\$5.00		2831 G Str	eet Suite 120				
			Sacrament	o, CA 95816				
	PURPOSE	(a)	Category (s	See Categories listed at the	top of this sch	edule)	(b)	Description
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	Complete ONLY if direct	<u> </u>	Candidate/Off	ficeholder name		Office sou	ght	Office held
	expenditure to benefit C/Of	Η						
	Date		Payee name	<u> </u>	· ·			
	02/11/2019		eFundraisii	ng Connections				
	Amount (\$)	H	Payee addre	ess; City;	State;	Zip Co	de	
	\$2.75			eet Suite 120				
			Sacrament	o, CA 95816				
_	PURPOSE	(a	Category /	See Categories listed at the	e top of this sch	edule)	(b)	Description
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	EXPENDITURE			• .				Check if Austin, TX, officeholder living expense
								efundraising Transaction Fees
	Complete ONLY if direct	L	Candidate/Of	ficeholder name		Office sou	L Iaht	Office held
	expenditure to benefit C/Ol		Carjalaate/Of	noor lolder that he	,	-11100 300	.a	Sinos Hom
L.					NI *			Varsian VI 1 20f0020

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office (Polling Printing Salarie	Overhe Expen Expe s/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME	-			3	Filer ID
	Sch: 8/17 Rpt: 31/48		Steinkamp, Vanessa					
4	Date	5	Payee name					
	02/12/2019		eFundraising Connections					
6	Amount (\$)	7	Payee address; City; St	ate; Zip (Code			
	\$5.00		2831 G Street Suite 120					•
					- :	•		
ŀ			Sacramento, CA 95816					•
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories fisted at the top of this Fees	schedule)	(b)	Check if Austin,	TX,	de of Texas. Complete Schedule T. officeholder living expense INSACTION FeeS
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office held
	Date	Ţ	Payee name				_	
	02/12/2019		eFundraising Connections					
	Amount (\$)		Payee address; City; Sta	ate; Zip C	ode	-		
	\$9.50		2831 G Street Suite 120					•
			Sacramento, CA 95816					
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description		
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						efundraising T		officeholder living expense
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	Complete ONLY if direct		andidate/Officeholder name	Office so	ught			Office held
	expenditure to benefit C/Of	ł			-			-
	Date		Payee name		-	 		
į	02/12/2019		eFundraising Connections			•		
	Amount (\$)	-	Payee address; City; Sta	te; Zip Co	ode	· .		
	\$9.50		2831 G Street Suite 120					
			Sacramento, CA 95816					
	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)	Description		
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						Check if Austin, T efundraising Tr		officeholder living expense
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	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	Office sou	<u>J</u> ight			Office held
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	e provided by Toyon Et							<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 9/17 Rpt: 32/48	Steinkamp, Vanessa
4	Date	5 Payee name
	02/12/2019	eFundraising Connections
6	Amount (\$) \$2.75	7 Payee address; City; State; Zip Code 2831 G Street Suite 120 Sacramento, CA 95816
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense efundraising Transaction Fees
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2019	eFundraising Connections
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2831 G Street Suite 120
		Sacramento, CA 95816
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Fees Check if Austin, TX, officeholder living expense efundraising Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/14/2019	eFundraising Connections
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	2831 G Street Suite 120
		Sacramento, CA 95816
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense efundraising Transaction Fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGOR Event Expense Fees	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains he	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
FILER NAME Steinkamp, Vanessa	3	Filer ID
Payee name eFundraising Connections		
Payee address; City; State; 2831 G Street Suite 120	Zip Code	
Sacramento, CA 95816		
Category (See Categories listed at the top of this sched Fees	Check if travel outsid	ide of Texas. Complete Schedule T. , officeholder living expense INSACTION Fees
Candidate/Officeholder name Off	ice sought	Office held
Payee name eFundraising Connections		
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Sacramento, CA 95816	·	· · · · · · · · · · · · · · · · · · ·
Category (See Categories listed at the top of this schedu Fees	Check if travel outside	de of Texas. Complete Schedule T. officeholder living expense NSACTION FeeS
andidate/Officeholder name Offi	ice sought	Office held
Payee name eFundraising Connections		
2831 G Street Suite 120	Zip Code	
Sacramento, CA 95816		
Category (See Categories listed at the top of this schedul	Check if travel outside	e of Texas. Complete Schedule T. officeholder living expense nsaction Fees
andidate/Officeholder name Offic	ce sought	Office held
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 11/17 Rpt: 34/48	Steinkamp, Vanessa
4 Date	5 Payee name
02/24/2019	eFundraising Connections
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$23.00	2831 G Street Suite 120
	Sacramento, CA 95816
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
	efundraising Transaction Fees
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/24/2019	eFundraising Connections
Amount (\$)	Payee address; City; State; Zip Code
\$1.63	2831 G Street Suite 120
	Sacramento, CA 95816
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	efundraising Transaction Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/24/2019	eFundraising Connections
Amount (\$)	Payee address; City; State; Zip Code
\$0.95	2831 G Street Suite 120
	Sacramento, CA 95816
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense efundraising Transaction Fees
•	elutionalsing transaction rees
	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District

Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 12/17 Rpt: 35/48 Steinkamp, Vanessa 4 Date Payee name 02/25/2019 eFundraising Connections 6 Amount (\$) Payee address; City: State; Zip Code \$11.75 2831 G Street Suite 120 Sacramento, CA 95816 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Fees Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense efundraising Transaction Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2019 eFundraising Connections Amount (\$) Payee address; City; State; Zip Code \$23.00 2831 G Street Suite 120 Sacramento, CA 95816 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense efundraising Transaction Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Pavee name 03/03/2019 eFundraising Connections Amount (\$) Payee address; City: State; Zip Code-\$2.75 2831 G Street Suite 120 Sacramento, CA 95816 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description QF Fees Check if travel outside of Texas, Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense efundraising Transaction Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction Guide			ages/	Contract Labor	OTHER (enter a category not I	listed above)
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	Total pages Schedule F1: Sch: 13/17 Rpt: 36/48	2	Steinkamp,						a FIIELID	
4	Date	5	Payee name							
	03/03/2019		eFundraisin	g Connections						<u>.</u>
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de			
	\$5.00		2831 G Stre	eet Suite 120						
	·		Sacramento	o, CA 95816				_		
8	PURPOSE OF	(a)	Category (S	ee Categories listed at the t	op of this sche	edule)	(b)	Description		. T
	EXPENDITURE		Fees					<u> </u>	utside of Texas. Complete Schedul TX, officeholder living expense	e i.
								_	Transaction Fees	
9	Complete ONLY if direct	(Candidate/Offi	ceholder name	0	office sou	ght		Office held	
ľ	expenditure to benefit C/O						•		,	
F	Date		Payee name	 						
	03/04/2019		eFundraisin	g Connections						
T	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de	*****	***	 -
	\$5.00		2831 G Stre	eet Suite 120						
			Sacramento	o, CA 95816						
	PURPOSE	(a)	Category (s	ee Categories listed at the	top of this sche	edule)	(b)	Description	.	
	OF EXPENDITURE		Fees						outside of Texas. Complete Schedul	le ⊤.
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H	Date		Days name	·	-					
	03/04/2019		Payee name eFundraisir	ng Connections						
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	Amount (\$) \$2.75		Payee addre	eet Suite 120	State,	∠.p C0	.uc			
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			Caaramant	CA 05916	٠					
L				o, CA 95816		· -	71.			
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1	EXPENDITURE		Fees						TX, officeholder living expense	
1			•					_	Transaction Fees	
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1	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght		Office held	
	expenditure to benefit C/OI	4	٠					•		
一								<u> </u>		
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Adventising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Transportation Equipment & Related Expense Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 14/17 Rpt: 37/48 Steinkamp, Vanessa 4 Date Payee name 03/06/2019 eFundraising Connections 6 Amount (\$) Payee address; City; State; Zip Code \$7.25 2831 G Street Suite 120 Sacramento, CA 95816 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, afficeholder living expense efundraising Transaction Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/08/2019 eFundraising Connections Amount (\$) Payee address; City; State; Zip Code \$9.50 2831 G Street Suite 120 Sacramento, CA 95816 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Fees Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense efundraising Transaction Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/10/2019 eFundraising Connections Amount (\$) Payee address; City; State; Zip Code \$2.75 2831 G Street Suite 120 Sacramento, CA 95816 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense efundraising Transaction Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/B

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 15/17 Rpt: 38/48	Steinkamp, Vanessa
4	Date 03/17/2019	5 Payee name eFundraising Connections
6	Amount (\$) \$2.75	7 Payee address; City; State; Zip Code 2831 G Street Suite 120 Sacramento, CA 95816
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense efundraising Transaction Fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/19/2019 Amount (\$) \$23.00	Payee name eFundraising Connections Payee address; City; State; Zip Code 2831 G Street Suite 120
		Sacramento, CA 95816
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense efundraising Transaction Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/20/2019	Payee name eFundraising Connections
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 2831 G Street Suite 120
		Sacramento, CA 95816
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense efundraising Transaction Fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explains h	now to complete this form.	
1 Total pages Schedule F1: 2	2 FILER NAME	3	Filer ID
Sch: 16/17 Rpt: 39/48	Steinkamp, Vanessa		
4 Date 5	Payee name	-	
03/20/2019	eFundraising Connections	•	
6 Amount (\$) 7		Zip Code	
\$2.30	2831 G Street Suite 120	Zip Code	
	Sacramento, CA 95816		
8 PURPOSE (a	 a) Category (See Categories listed at the top of this sched 		
EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
			, officeholder living expense
		efundraising Tra	ansaciion Fees
2 2 1 2 2 2 2			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Of	fice sought	Office held
Date	Payee name		
03/21/2019	eFundraising Connections		
Amount (\$)	Payee address; City; State:	Zip Code	
\$2.75	2831 G Street Suite 120	Zip Gode	· .
	2001 O 01/001 Cano 120		
	Sacramento, CA 95816		
PURPOSE (a	(See Categories listed at the top of this sched	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
		<u>-</u>	officeholder living expense
		efundraising Tra	nsaction Fees
	Candidate/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OH		_	
Date	Рауее пате		
03/22/2019	eFundraising Connections		
Amount (\$)		7: 0 1	
```		Zip Code	
\$2.75	2831 G Street Suite 120		
	Sacramento, CA 95816		
PURPOSE (a)	Category (See Categories listed at the top of this schedu	(b) Description	
Or	Fees		le of Texas. Complete Schedule T.
EXPENDITURE	· ·	Check if Austin, TX, o	officeholder living expense
		efundraising Trar	nsaction Fees
·			
	Candidate/Officeholder name Offi	ce sought	Office held
expenditure to benefit C/OH			
· · · · · · · · · · · · · · · · · · ·			

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID
Sch: 17/17 Rpt: 40/48	Steinkamp, Vanessa
4 Date	5 Payee name eFundraising Connections
03/23/2019	
6 Amount (\$) \$2.75	7 Payee address; City; State; Zip Code 2831 G Street Suite 120
	Sacramento, CA 95816
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense efundraising Transaction Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/23/2019	eFundraising Connections
Amount (\$) \$11.75	Payee address; City; State; Zip Code 2831 G Street Suite 120
	Sacramento, CA 95816
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 03/24/2019	Payee name eFundraising Connections
Amount (\$) \$2.75	Payee address; City; State; Zip Code 2831 G Street Suite 120
	Sacramento, CA 95816
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense efundraising Transaction Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
· · · · · · · · · · · · · · · · · · ·	Vorsion V/1 1 20/2003

#### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Polling Expense Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 1/5 Rpt: 41/48 Steinkamp, Vanessa TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/06/2019 Designer Graphics Amount (\$) Payee address; State: Zip Code \$699.21 12404 Hwy 155 South Tyler, TX 75703 TYPE OF $|\mathbf{x}|$ Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Signs 24 x 12 No Grommets 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/06/2019 Designer Graphics Amount (\$) Payee address: State; Zip Code \$927,66 12404 Hwy 155 South Tyler, TX 75703 TYPE OF Х Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Signs 48 x 48 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Forms provided by Texas Ethics Commission www.ethics.state.tx.us

### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Food/Beverage Expense Polling Expense Travel in District Consulting Expense Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F4: 2 FILER NAME Sch: 2/5 Rpt; 42/48 Steinkamp, Vanessa \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 03/15/2019 Facebook State; Zip Code Amount (\$) Payee address; City; \$25,00 1601 S. California Avenue Palo Alto, CA 94304 TYPE OF Non-Political X Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Social Media Promotion Candidate/Officeholder name Office sought Office held 11 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/20/2019 Goody Goody Liquor City; State; Zip Code Amount (\$) Payee address; \$63.51 4701 Colleyville Blvd # 300 Colleyville, TX 76034 TYPE OF Non-Political Political X **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder fiving expense Beverages for Kick-Off Campaign Event Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

Forms provided by Texas Ethics Commission

### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Polling Expense Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 3/5 Rpt: 43/48 Steinkamp, Vanessa TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/19/2019 Little Giant Printers Amount (\$) Payee address; City: State; Zip Code \$817.36 7905 Boulevard 26 North Richland Hills, TX 76180 TYPE OF X Political Non-Political **EXPENDITURE** PURPOSE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Push Cards 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/20/2019 Lowe's Amount (\$) Payee address; City; State; Zip Code \$40.05 201 North Kimball Avenue Southlake, TX 76092 TYPE OF Political Х Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense 37 - H Bracket Sign Holders Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Polling Expense Printing Expense Travel in District Travel Out of District Contributions/ Donations Made By -Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F4: 2 FILER NAME Sch: 4/5 Rpt: 44/48 Steinkamp, Vanessa \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 6 Payee name 03/20/2019 Lowe's Payee address; City; State; Zip Code 7 Amount (\$) 6200 Long Prairie Road \$58.46 Flower Mound, TX 75028 TYPE OF X Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) 10 **PURPOSE** (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 54 - H Bracket Sign Holders Office held 11 Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/08/2019 ProForma Select Amount (\$) Payee address; City; State; Zip Code \$499.30 PO Box 640814 Cincinnati, OH 45264 TYPE OF Non-Political X Political EXPENDITURE **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense 75 - Screen Print Shirts Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 5/5 Rpt: 45/48 Steinkamp, Vanessa TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 03/04/2019 USPS 7 Amount (\$) Payee address; City; State; Zip Code \$11.00 1501 Hall Johnson Road Colleyville, TX 76034 TYPE OF N Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Printing Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Stamps for Thank You Letters 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/19/2019 Westlake Hardware Amount (\$) Payee address; City; State; Zip Code \$60.37 4701 Colleyville Boulevard, Suite 100 Colleyville, TX 76034 TYPE OF Political Non-Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Post Driver, Cable Ties Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel in District Trave Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services QTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID 1 Total pages Schedule G: Steinkamp, Vanessa Sch: 1/2 Rpt: 46/48 4 Date Payee name 03/17/2019 Lowe's Payee address; City; State; Zip Code Amount (\$) \$89.63 3000 State Highway 121 Reimbursement from political contributions Euless, TX 76039 intended Check if travel outside of Texas. Complete Schedule T. **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if Austin, TX, officeholder living expense OF Advertising Expense **EXPENDITURE** 60 - H Bracket Sign Holders Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/23/2019 Lowe's Amount (\$) Payee address; City; State; Zip Code 600 N. Tarrant Parkway \$60.52 Reimbursement from political contributions Keller, TX 76248 intended **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** 56 - H Bracket Sign Holders Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 03/18/2019 Lowe's Payee address; City; State; Zip Code Amount (\$) \$35.85 770 Grapevine Highway Reimbursement from political contributions intended Hurst, TX 76054 Check if travel outside of Texas. Complete Schedule T. PURPOSE Description Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** 24 - H Bracket Sign Holders Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Event Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Poliing Expense Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 2/2 Rpt: 47/48 Steinkamp, Vanessa 4 Date Payee name 03/23/2019 Westlake Hardware 6 Amount (\$) Payee address; City; State; Zip Code

(b) Description

Office sought

Cable Ties

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Office held

4701 Colleyville Boulevard, Suite 100

(a) Category (See Categories listed at the top of this schedule)

Colleyville, TX 76034

Advertising Expense

Candidate/Officeholder name

Forms provided by Texas Ethics Commission

\$15.14

Reimbursement from political contributions intended

**PURPOSE** 

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit

C/OH

www.ethics.state.tx.us

Version V1.1.39f8039c

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 48/48 3 Filer ID 2 FILER NAME Steinkamp, Vanessa 8 Amount (\$) 5 Name of person from whom amount is received 4 Date \$0.14 02/28/2019 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code 205 Main Street PO Box 398 Frost, MN 56033 Check if political contribution returned to filer 7 Purpose for which amount is received Interest Earned Version V1.1.39f8039c Forms provided by Texas Ethics Commission www.ethics.state.tx.us